



**STATE OF MICHIGAN OIL AND GAS LEASE
APPLICATION FOR AMENDMENT
PARCEL RECLASSIFICATION OR CHANGE OF RESTRICTIONS**

By Authority of Act 451, Public Acts of 1994, as amended.

MDNR USE ONLY		
Lease No.	Amendment Date	
Validation Date	Validation No.	
Index	PCA	AOC

- NOTE:**
- Fee for lease application is \$2,000 per lease. A check payable to *State of Michigan* must accompany this completed application.
 - The lease bonus shall be recalculated to reflect an amount commensurate with the bonus paid on lease rights at the same State lease sale, same vicinity, **if reclassification is approved.**

Applicant (Name of Lessee)	Date of application
Address	Application made by
City State ZIP	Lease No.
County	Township Name
Legal Description	Other acreage in the lease
Surface owner's name and address	Proposed well surface location
Current lease restrictions	
Brief description of the reason for this application (i.e., change in nature of the land, species relocation):	

Applicant must submit to Lessor a copy of the voluntary agreement or stipulated settlement pursuant to lease terms **prior to** issuance of an amendment to the lease, if the surface owner of the land involved is not the Michigan Department of Natural Resources (MDNR). Mail completed application with a check made payable to **State of Michigan** to:

I certify that all the information contained herein and all attachments is true and correct to the best of my knowledge.

Signature of Applicant

Date

**CASHIER'S OFFICE
OFFICE OF FINANCIAL SERVICES
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30451
LANSING MICHIGAN 48909-7951**

MDNR CASHIER OFFICE USE ONLY

STATE OF MICHIGAN OIL AND GAS LEASE APPLICATION FOR AMENDMENT
PARCEL RECLASSIFICATION OR CHANGE OF RESTRICTIONS (CONT'D)

MDNR USE ONLY

Date submitted to Land Administrating Agency/Division for review :

REVIEWER

Comments / recommendations

Reviewer (please print name)

Signature

Date

REVIEWER

Comments / recommendations

Reviewer (please print name)

Signature

Date

REVIEWER

Comments / recommendations

Reviewer (please print name)

Signature

Date

REVIEWER

Comments / recommendations

Reviewer (please print name)

Signature

Date

FIELD DEPUTY

Comments / recommendations

☐ APPROVED ☐ DENIED

Field Deputy (please print name)

Signature

Date

MDNR FOREST, MINERAL AND FIRE MANAGEMENT USE ONLY

Additional per acre bonus due

\$

Additional per acre bonus to be refunded

\$